

**INGRASSIA FISHER & LORENZ, P.C.**7150 E. CAMELBACK, SUITE 325  
SCOTTSDALE, ARIZONA 85251Telephone: (480) 385-5060  
Facsimile: (480) 385-5061**RECEIVED**  
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SEP 10 2004

**FACSIMILE TRANSMITTAL SHEET**

TO:	FROM:
Examiner Samuel G. Rimell	Timothy J. Lorenz (Reg. 41,954) <i>TX</i>
COMPANY:	DATE:
USPTO	SEPTEMBER 10, 2004
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
703-872-9306	7
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
	GP-301227
RE:	REFERENCE NUMBER:
Response to Office Action dated May 21, 2004	10/059,074

NOTES/COMMENTS:

**FORMAL COMMUNICATION**  
**INTENDED FOR ENTRY****RESPONSE PURSUANT**  
**TO 37 C.F.R. § 1.111**

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PTO/SB/21 (08-03)

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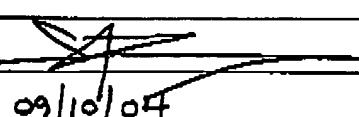
(to be used for all correspondence after initial filing)

		Application Number	10/059,074
		Filing Date	January 28, 2002
		First Named Inventor	Gary L. Clement
		Art Unit	2175
		Examiner Name	Samuel G. Rimell
Total Number of Pages in This Submission	6	Attorney Docket Number	GP-301227

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawings(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Timothy J. Lorenz, Reg. No. 41,954
Signature	
Date	09/10/04

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Type or printed name	Timothy J. Lorenz, Reg. No. 41,954
Signature	
Date	September 10, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. SEND FEES OR COMPLETED FORMS TO: Mail Stop \_\_\_\_\_, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (10-03)

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# FEE TRANSMITTAL for FY 2004

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 110.00)

Complete if Known

Application Number	10/059,074
Filing Date	January 28, 2002
First Named Inventor	Gary L. Clement
Examiner Name	Samuel G. Rimell
Art Unit	2175
Attorney Docket No.	GP-301227

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money Order  Other  None Deposit AccountDeposit Account Number  
50-2091  
Deposit Account Name  
Ingrassia Fisher & Lorenz, P.C.

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments

Charge any additional fee(s) during the pendency of this application

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
1001	770	2001 385 Utility filing fee	
1002	340	2002 170 Design filing fee	
1003	530	2003 285 Plant filing fee	
1004	770	2004 385 Reissue filing fee	
1005	160	2005 80 Provisional filing fee	

## SUBTOTAL (1) (\$)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
	-20** =	18.00	=
Independent Claims	- 3** =	86.00	=

## Multiple Dependent

Large Entity	Small Entity	Fee Description
1202	18	2202 9 Claims in excess of 20
1201	86	2201 43 Independent claims in excess of 3
1203	280	2203 145 Multiple dependent claim, if not paid
1204	86	2204 43 **Reissue independent claims over original patent
1205	18	2205 9 **Reissue claims in excess of 20 and over original patent

## SUBTOTAL (2) (\$)

\* or number previously paid, if greater. For Reissues, see above

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 110.00)

## SUBMITTED BY

Complete if applicable

Name (Print/Type)	Timothy J. Lorenz	Registration No. (Attorney/Agent)	41,954	Telephone	(480) 385-5060
Signature				Date	09/10/04

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